

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: _____		2 Serial/Patent # <u>10/521106</u>	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>100</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
7 TOTAL AMOUNT OF REFUND			\$ <u>100</u>

10 REASON:
 

☒ Overpayment  
☐ Duplicate Payment  
☐ No Fee Due (Explanation):  

Rule change - 08 Dec 2004

8 TO BE REFUNDED BY:  

☐ Treasury Check  
☒ Credit Deposit A/C #:  

50 -- 0471

11 REFUND REQUESTED BY:
 

TYPED/PRINTED NAME: \_\_\_\_\_  
 SIGNATURE: *Perry M. Johnson*  
 OFFICE: *DO/EO*

TITLE: *Supervisor*  
 PHONE: *703-308-9140*  

*X221*

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 THIS SPACE RESERVED FOR FINANCE USE ONLY:  
 APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*